

MIHS

A P P L I C A T I O N F O R E M P L O Y M E N T



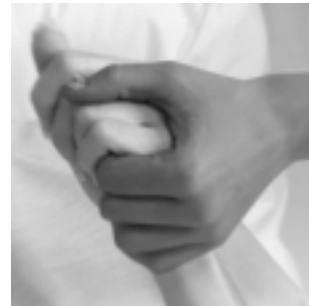
M I S S I O N

To provide a full spectrum of high quality, wellness oriented healthcare in an organized, cost sensitive and customer oriented academic environment.



V I S I O N

To dramatically enhance the health and wellness of the community we serve.



V A L U E S

Respect for people and property

Maintain dignity of the patient

Service to the customer

Commitment to personal integrity

Pursuit of excellence

Fiscal responsibility

M A R I C O P A I N T E G R A T E D H E A L T H S Y S T E M

2601 EAST ROOSEVELT STREET • PHOENIX, ARIZONA 85008

602-344-5627 • WWW.MARICOPA.GOV/MEDCENTER/EMPLOYMENT



MARICOPA INTEGRATED HEALTH SYSTEM
A Department of Maricopa County Government

Human Resources Department, 2601 E. Roosevelt, Phoenix, AZ 85008
Phone: (602) 344-5627 FAX: (602) 344-1132
Internet - <http://www.maricopa.gov/medcenter/employment>

Employment Application
Print Clearly in Black Ink or Type

GENERAL	Position Title Applied For:			Date Completed		
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number:		
	Name (Last) (PLEASE PRINT)		(First)	(Middle)		
	Mailing Address:			Apt #:		
	City:		State:	Zip Code:		
	Home Phone Number:		Business/Message Phone Number:		Name of Person to contact:	
	Do you have the legal right to work and be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Are you fluent in any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
	Are you a current employee of Maricopa County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever worked for Maricopa County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If YES, give payroll name if different from this application: _____					
EDUCATION	Type of Employment (Check preferences): <input type="checkbox"/> Regular <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays Days: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday Shifts: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Rotating <input type="checkbox"/> 12 hr shift <input type="checkbox"/> 10 hr shift <input type="checkbox"/> 8 hr shift Location/Preferences: <input type="checkbox"/> Main Campus at 24th St. & Roosevelt <input type="checkbox"/> East Valley <input type="checkbox"/> West Valley <input type="checkbox"/> Greater Phoenix <input type="checkbox"/> Other _____					
	Did you receive a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12					
	College, if applicable: Name of School and City/State		Major	Degree/Certification	Degree Completed	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business, Vocational or Technical School:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PROFESSIONAL LICENSES, CERTIFICATIONS, ORGANIZATIONS WHICH ARE REQUIRED FOR THE POSITION(S) YOU ARE APPLYING:					
	Type		Registration or License #	Expiration Date	Licensed to practice in Arizona	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER	Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, explain _____					
	Have you at any time in the past or in the present had a conviction pending or been convicted, penalized or otherwise told you cannot work for a federally funded healthcare program because you violated federal or state laws pertaining to health care reimbursement (i.e., Medicare, Medicaid/AHCCCS, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, explain _____					
The type and seriousness of the crime, along with your entire work history, education history and the position for which you are applying will be considered. A "Yes" response to the above questions will not automatically disqualify you from consideration for employment with Maricopa Integrated Health System.						

READ THE FOLLOWING STATEMENT CAREFULLY. APPLICATION IS INVALID UNLESS SIGNED BY THE APPLICANT.

I hereby certify that the facts set forth on this application are true and complete and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal or refusal of employment. I authorize Maricopa Integrated Health System to investigate all information contained in this application including contacting previous employers. I also grant permission to any previous employer to disclose any and all information concerning my previous employment.

Maricopa Integrated Health System is a drug free workplace. All employees will be tested for presence of illegally accessed drugs post job offer and prior to placement. I agree to submit to a drug screen according to MIHS Procedures. I also understand that I may be required to submit to drug or alcohol testing when reasonable suspicion indicates drugs or alcohol may have contributed to a work related accident or suspicious behavioral incident.

If I receive a job offer, I understand it is contingent on passing the health assessment including drug screening. Additionally, Registered Nurses, Licensed Practical Nurses and Medical Assistants will be required to pass a pharmacology test.

I understand that the terms of my employment, including working conditions, compensation, benefits, hours of work, work schedule, job assignment and location will be determined and/or changed within the discretion of Maricopa Integrated Health System and pursuant to its applicable policies. Furthermore, I understand that my employment can be terminated at any time due to lack of work, lack of funds, the elimination of my position or other reasons as determined by the Board of Supervisors or applicable county policies.

Applicant's Signature _____

Date _____

Name: _____			SS#: _____		
PLEASE LIST YOUR JOB/WORK EXPERIENCE (INCLUDING RELEVANT MILITARY OR VOLUNTEER EXPERIENCE) FOR THE PAST FIFTEEN YEARS beginning with your PRESENT or most recent experience and working backward. If additional pages are needed, please complete a Continuation Sheet and attach. Resume in lieu of completion of this section will be considered if all information requested on the application form is included. Failure to provide complete and accurate information may result in your application being disqualified. Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Company:			Supervisor's Name:		Supervisor's Title:
Your Title:				Phone:	
Company Address:			City:	State:	Zip:
Work Dates From: Month: Year:		To: Month: Year:		Did You Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Rate of Pay:					
DUTIES:					
Equipment or Machinery Operated:			Reason for Leaving:		
Name of Company:			Supervisor's Name:		Supervisor's Title:
Your Title:				Phone:	
Company Address:			City:	State:	Zip:
Work Dates From: Month: Year:		To: Month: Year:		Did You Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Rate of Pay:					
DUTIES:					
Equipment or Machinery Operated:			Reason for Leaving:		
Name of Company:			Supervisor's Name:		Supervisor's Title:
Your Title:				Phone:	
Company Address:			City:	State:	Zip:
Work Dates From: Month: Year:		To: Month: Year:		Did You Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Rate of Pay:					
DUTIES:					
Equipment or Machinery Operated:			Reason for Leaving:		
Name of Company:			Supervisor's Name:		Supervisor's Title:
Your Title:				Phone:	
Company Address:			City:	State:	Zip:
Work Dates From: Month: Year:		To: Month: Year:		Did You Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Rate of Pay:					
DUTIES:					
Equipment or Machinery Operated:			Reason for Leaving:		
Name of Company:			Supervisor's Name:		Supervisor's Title:
Your Title:				Phone:	
Company Address:			City:	State:	Zip:
Work Dates From: Month: Year:		To: Month: Year:		Did You Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Rate of Pay:					
DUTIES:					
Equipment or Machinery Operated:			Reason for Leaving:		

Name: _____			SS#: _____		
Name of Company:		Supervisor's Name:		Supervisor's Title:	
Your Title:			Phone:		
Company Address:		City:		State: Zip:	
Work Dates From: Month: Year:		To: Month: Year:		Did You Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Rate of Pay:					
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Name of Company:		Supervisor's Name:		Supervisor's Title:	
Your Title:			Phone:		
Company Address:		City:		State: Zip:	
Work Dates From: Month: Year:		To: Month: Year:		Did You Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
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Company Address:		City:		State: Zip:	
Work Dates From: Month: Year:		To: Month: Year:		Did You Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Rate of Pay:					
DUTIES:					
Equipment or Machinery Operated:			Reason for Leaving:		

WHAT HAPPENS TO YOUR APPLICATION?

- 1) After Human Resources receives your application it will be scanned into the Human Resources database.
- 2) A recruiter will then review your application for minimum qualifications and refer the application to the appropriate department.
- 3) The Department Manager will review all referred applications and contact those individuals that are selected to be interviewed by either phone or mail.
- 4) If you are not selected, your application or resume will remain active in our system for six months, for further consideration.
- 5) Since our organization's continued success depends on the quality of our employees, we encourage interested applicants to visit our website @ www.maricopa.gov/medcenter/employment or call our jobline @ (602) 344-1991 for a list of updated openings.